ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. *114*
650

Registered No. 650

1. PLACE OF BIRTH

County _Gila_   State _Arizona_

District or Township _Miami_   or Village

City _Miami_   No. _831 Smith St_ St. _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _James Edward Beaver_   { If child is not yet named, make supplemental report, as directed.

3. Sex of Child _Male_ | To be answered ONLY in event of plural births. | 4. Twin, triplet or other _____ | 6. Legitimate? _Yes_ | 7. Date of birth _Dec. 1-1930_
| | 5. No., in order of birth _____ | | Month Day Year

8. FATHER

Full name _Otto Bert Beaver_

9. Residence (Usual place of abode) _Miami, Arizona._
If non-resident, give place and state.

10. Color or race _Cauc._ | 11. Age at last birthday _32_ (Years)

12. Birthplace (city or place) _Luna_
(State or country) _New Mex._

13. Occupation
Nature of Industry _Mining_

14. MOTHER

Full maiden name _Velma Rae_

15. Residence (Usual place of abode) _Miami Arizona_
If non-resident, give place and state.

16. Color or race _Cauc._ | 17. Age at last birthday _18_ (Years)

18. Birthplace (city or place) _Colman_
(State or country) _Texas_

19. Occupation
Nature of Industry _Housewife_

20. Number of children of this mother _1_ | (a) Born alive and now living _1_ | 21. Were precautions taken against ophthalmia neonatorum? _Yes_
(Taken as of time of birth of child herein certified and including this child.) _1_ | (b) Born alive but now dead _0_ |
| (c) Stillborn _0_ |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _born alive_ at _11:45_ P. m. on the date above stated.
(Born alive or stillborn.)

Signature _Cyril M. Crow M.D._

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year

Address _Miami, Arizona_

Filed _Dec 12_, 19 _30_ _C. E. ___y_

Registrar   Registrar

_129-1201-595_